Network Authorization Form/New Employee Request

Request Type: ☐ Modify ☐ New	Request Date:
☐ Network Access ☐ Email/Outlook	Effective Date:

Emp ID#:	Last Name:	First Name:	Middle Initial:

Title:	Department:

Building Location:	Room:	Phone:

Work Status: ☐ Full-Time ☐ Part Time 　　Contract End Date: _____ ☐ Student 　　Contract End Date: _____	Network Storage: ☐ Personal ☐ Network Share Name: _____ Data Owner Signature: _____

By signing the form, you agree to abide by the Appropriate Use Policy

Signature: _____

Date: _____

Approval Chart			
Position	Name	Signature	Date
Immediate Supervisor			
ITS Executive Director	Jason Mayer		

For ITSD Use Only	
Username: _____	Email Address: _____
Date of Modification: _____	Date of Modification: _____
Network Administrator: _____	Email Administrator: _____

Note: You are not permitted to connect your personal computer to the Durham Tech network.